



## Authorization to Change Contact Information

Customer Name: \_\_\_\_\_ Social Security # : \_\_\_\_\_

**Please accept this letter as your direct authority to change the contact information.**

*In order to provide better customer service when inquiring into your account(s) via the telephone we recommend you establish a free form question and answer. Mothers maiden name is not an available option. Free form questions that are a yes or no answer are not an available option.*

Need only to complete sections where changes apply.

Primary Phone # : \_\_\_\_\_  Home  Cell  Work

Alternative Phone # : \_\_\_\_\_  Home  Cell  Work

Email Address: \_\_\_\_\_

Free Form Question: \_\_\_\_\_

Answer: \_\_\_\_\_

**Change of address requests made by phone, mail or fax will occur 10 days after the date information is received by bank personnel.**

<p><b>Previous Address:</b></p> <p>Physical Address: _____</p> <p>Mailing Address: _____</p> <p>City, State, Zip: _____</p>	<p><b>New Address:</b></p> <p>Physical Address: _____</p> <p>Mailing Address: _____</p> <p>City, State, Zip: _____</p>
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Use Only	
Maint Completed By	No Change Needed
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>

**Please provide account number(s) that apply to the contact information change:**

Checking / MMA	_____	_____	_____	_____	_____	_____
Savings	_____	_____	_____	_____	_____	_____
Certificates	_____	_____	_____	_____	_____	_____
Loans	_____	_____	_____	_____	_____	_____
Safe Deposit Box	_____	_____	_____	_____	_____	_____
Debit/ATM Card	_____	_____	_____	_____	_____	_____
Online Banking	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Bill Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Stockholder	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Name line # (for bank use)	_____					
Port # (for bank use)	_____	_____	_____	_____	_____	_____
Line # (for bank use)	_____	_____	_____	_____	_____	_____

<b>Bank Use Only</b>		<i>Date/Initials</i>
Received: In Person _____	By Email, Mail or Fax: _____	letter sent: _____
Verified By: _____	Date Received: _____	
Verification Method: _____		